

Criteria Checklist

Alabama Medicaid Agency Iron Chelation Therapy

PREREQUISITE CRITERIA *The patient **must** meet all of the following:*

- Patient must be Medicaid eligible.
- Documented* diagnosis of Sickle Cell Disease.
- Patient has a written order/prescription from the physician.

DIAGNOSIS CODES

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES

E0779, K0739, A4222, E1399

Maximum yearly limits apply to each of the procedure codes indicated above. Request for replacement of E0779 is limited to once every five years based on a review of submitted documentation requested.

Medicaid reimbursement rate for repair or non-routine service for durable medical equipment requiring the skill of a technician (E1340) is limited to sixteen units per month.

**Documentation may include notes from the patient chart.*